

Reference:	502-07-DD
Title of Document:	Procedure for Handling Referrals of New DMH Admissions Suspected of Having Mental Retardation or Related Conditions
Date of Issue:	February 21, 1991
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Last Review Date	August 17, 1995 REVISED
Date of Last Revision:	August 17, 1995
Applicability:	Disabilities and Special Needs Boards Regional Offices Central Office

Periodically, individuals with mental retardation and/or related conditions are admitted to inpatient psychiatric facilities of the Department of Mental Health.

Since January 1, 1990, the Department of Disabilities and Special Needs has received notice of such admissions from the Department of Mental Health and has responded with a determination of eligibility and service needs as expeditiously as possible.

The following procedures have been established, in conjunction with the Department of Mental Health, to guide staff in handling such referrals:

The Department of Mental Health, Division of Clinical Services, will forward to the Interagency Liaison for DMH and DDSN the name, age, sex, county of residence and current placement of all new admissions identified by their professional staff as having mental retardation and/or related conditions, as well as information regarding any discharge/follow-along plans and any mental health diagnosis.

Upon receipt of the referral, the Interagency Liaison will log appropriate information and forward a copy to the respective Regional Director of Service Coordination Services. The Director of Service Coordination Services will immediately coordinate a review of DMH, DDSN and/or other records to determine previous treatment and services, assess the need to alter the service plan, ascertain the current location of the individual, and assign the case to the appropriate service coordinator. Current location may be the SCDMH inpatient facility or the community discharge address.

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If the individual is unknown to DDSN, the Director of Evaluation and Planning will coordinate the necessary measures to properly assess the presence of retardation as expediently as possible.

The following information should be gathered and reviewed as part of the E&P process for these referrals:

- history of DMH involvement;
- dates, reasons for admission, re-admission, discharges, previous and current diagnosis;
- medical history;
- alcohol/drug abuse;
- criminal history;
- psychosocial assessment/recommendation(s);
- needs;
- short and long term plans;
- developmental history;
- need/appropriateness for DDSN residential placement;
- need for out of home/community placement.

Each region will assess those individuals who are residents of that respective region, although the current residence may be a SCDMH facility. Upon completion, notice of eligibility status and identified service needs will be directed back to the Interagency Liaison. The assigned service coordinator will participate with and encourage DMH staff to attend meetings held by DDSN to develop service and placement plans for all individuals determined to be eligible/appropriate for DDSN services.

If referrals are made directly to any local disability board or regional office by DMH, all efforts to determine eligibility should be immediately implemented and the Interagency Liaison simultaneously informed of the referral. Additionally, the notice of completed intake should be forwarded to the Interagency Liaison when a determination of eligibility has been made.

If there are problems or circumstances preventing eligibility determination within 30 working days (from date of receipt at the Disabilities and Special Needs Board), the Interagency Liaison should be notified in writing as to the reason(s) for the delay.

Other than the above exceptions, which may exceed routine procedures, all requirements of the E&P and case management standards, as well as admissions procedures, will be met.

Brent H. Koyle, Ph.D.
Deputy Director
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(Originator)

Philip S. Massey, Ph.D.
State Director

(Approve)

M E M O R A N D U M

August 14, 1995

TO: Official Distribution List

FROM: Joan S. Hummel
Asst. Deputy Director
Family Support Services

RE: Revision of 502-07-PD

The attached document has been revised to update terminology to include the Interagency Liaison.

JSH/bjj

Attachment

(This form is to be completed by the service coordinator on those individuals referred by the SCDMH after a determination regarding eligibility has been made.)

**NOTICE OF COMPLETED INTAKE
FOR REFERRALS FROM DMH**

NAME: _____

DOB: _____ **COUNTY/REGION:** _____ / _____ **SEX:** _____

PREVIOUS DSN CLIENT: _____ **YES** _____ **NO** _____ **IN QUESTION** _____

FSIQ _____ **ADAPTIVE** _____ **TESTING DATE** _____ **TEST USED** _____

HOME ADDRESS: _____

CURRENT PLACEMENT: _____

CLIENT SERVICE NEEDS FROM DSN (from E&P staffing summary) _____

CURRENT PSYCHIATRIC DIAGNOSIS: _____

CURRENT SERVICE NEEDS FROM DMH: _____

OTHER SERVICE NEEDS: _____

ADDITIONAL INFORMATION: _____

DATE OF LAST ADMISSION TO DMH: _____

DATE OF DISCHARGE: (if discharged) _____

SERVICE COORDINATOR ASSIGNED: _____

DATE: _____